

### FEEA EMERGENCY ASSISTANCE FACT SHEET

The emergency assistance program is for federal and postal employees who have encountered a recent emegency that was unforeseen and beyond their control. If this emergency has caused the employee to fall behind in their basic living needs such as shelter costs and utilities, he or she is eligible to apply for a no interest emergency loan or grant.

FEEA emergency loans and grants may be provided due to the following unforeseen emergencies:

### PERSONAL HARDSHIPS

- 1. Death in the employee's immediate family
  - Assistance with travel expenses
- 2. Loss of income
  - LWOP due to severe illness. Employee must be back to work.
  - Family breakup separation, divorce
- 3. Critical illness in the employee's immediate family

### MAJOR LOSS OF PROPERTY

Due to natural disaster such as: fire, flood, hurricane

### MEDICAL EMERGENCIES

As a general rule, most medical emergencies are beyond the capacity of FEEA. However, assistance may be given for necessities that might not be included in health insurance such as hearing aids or medical equipment needed to continuework.

#### SHORT-TERM ASSISTANCE

Government pay error - in cases where the pay shortage was caused by governmental error (an administrative or disbursing mistake, computer problem, check lost in the mail, etc.), FEEA may provide assistance up to the amount of the pay shortage for one pay period (not to exceed \$1000) under the condition that the loan is repaid in full once the error has been corrected.

Grants vs. Loans - For the most part, FEEA assistance will be in the form of no interest loans as opposed to grants. Checks will be made payable to the creditor.

Loan Limit is currently \$1000 - repayment is by allotment.

Call 1-800-323-4140 if there is a question or an application is needed.

# Federal Employee Education & Assistance Fund

## Application for Emergency Assistance

Dear Federal Employee,

FEEA provides no-interest loans and grants for federal employees who have had an unforeseen emergency such as personal hardship, death in the family or loss of property due to a natural disaster. If this emergency has caused the employee a financial loss to the extent that he or she is unable to pay basic living needs, he or she is eligible to apply. The applicant must be currently employed with the civilian federal government and must have at least one year of employment. FEEA assistance will be made in the form of checks written to specific creditors only.

When filling out this FEEA Emergency Assistance application for either the no-interest loan or grant program, please remember to complete all sections. Applications must be complete in order to process. This application along with any material sent will become the property of FEEA. DO NOT send original bills, etc.

## \* Please send the following required information:

- 1) Letter explaining emergency situation (on Page 4 of application)
- 2) Most recent SF-50 (Standard Form 50-Notification of Personnel Action) or equivalent
- 3) Most recent leave and earnings statement (and spouse's pay stub, if applicable)
- 4) Documentation of unforeseen situation (for example, medical bills not covered by insurance that you have paid, doctor's note if medical, LWOP verification, police or insurance report if stolen or damaged property, receipts for funeral/travel expenses, etc.)
- 5) Documentation of the bill(s) you are requesting assistance for, such as notice of delinquent rent/mortgage payments or utility bills (only basic living needs will be considered)

Please provide any additional information which might be helpful in providing FEEA's case workers with an accurate assessment of your needs. If you are seeing a counselor with the Employee Assistance Program (EAP), please provide the name and phone number of the counselor. For the most part emergency assistance will be in the form of no-interest loans repayable through a payroll deduction. The type of financial assistance (i.e., grant, partial grant or loan) will be determined by FEEA.

FEEA does not provide emergency assistance to pay for debt consolidation, poor financial planning, non-essential items or other expenses derived from non-emergency circumstances.

Please return application with the additional documentation to



FEEA
3333 S. Wadsworth Blvd.
Suite 300
Lakewood, CO 80227
Questions? 1-800-323-4140

CFC Pledge #11185

Personal Information						
First Name	Middle Initial		Last Name			
Date of Birth	Social Security Number		( ) Home Telephone			
Home Address						
City	State Zip	E-mai	Address			
Dependents: Total Number:	T	Τ				
First and Last Name	Relationship	Age	Current Address			
Federal Agency Name	( Busine	) ss Telephone				
Agency Office Address	(	)				
Immediate Supervisor		ss Telephone				
Payroll/Financial Office Contact Person	ayroll/Financial Office Contact Person Business Telephone					
	Emergency Infor	mation	1			
		de written	explanation on back page and provide			
Medical Emergency	Natural Disaster	Governm	nent Pay Error			
Other	(i.e., re	ocation ex	penses, funeral expenses, LWOP)			
Some organizations have special funds set lowing groups:	up to provide additional assistance	. Please indi	cate if you are a member of any of the fol-			
AFGENTEU	NFFE FMA I	EW	SEANARFE			

			38	
Monthly Household In	come	Checking & Savin	gs Accounts	
Net Pay of Federal Emplo	vee			
	,, 55	Financial Institution	Balance	
Net Pay of Spouse		Financial Institution	Balance	
Disability/Retirement		Bankruptcy	:	
Disability/Romanical	<del></del>	In the Process of Filir		
Other: (e.g., child and/or roommate	support, unemployment)	In Last 6 Months Currently Paying On	yes no	
(81)			ot necessarily disqualify you for a loan,	
MORTGAGE INFORMATIO	OWN O	RENT RE	NTAL INFORMATION	
Mortgage Holder		Rent	al Name or Owner	
Balance Due on Mortgage	Monthly Payment	( )	act's Phone	
Parance Due on Mordage	1710mmy 1 ayındın			
Liens or Second Mortgage Co.	Payment	Monthly Payment		
Second Balance	<del>-</del>			
	<del></del>	al Finances		
	(use additional spa	ce on back - if necessary)		
Name of Creditor	Balance	Monthly Payment	Item	
Name of Creditor	Balance	Monthly Payment	ltem	
Name of Creditor	Balance	Monthly Payment	ltem	
	Monthly Ho	usehold Expenses		
	-	-		
Rent/Mortgage	Utilities	Phone (basic)  Car Insurance	Food	
Clothing/Laundry — Transportation — — —		Car Payment	Total Expenses:	
Transportation	Ciedii Calos	ca raymon		
change information about n mation pertaining to my lea	ny credit history. I further we and earnings statement	authorize my payroll office and work status, and authorized	record and to receive, and ex- e/finance center to release infor- orize FEEA to receive informa- fully and truthfully completed	
Printed Name		ignature	Date	

Explanation of Emergency Situation	
	<del>                                     </del>

## Applicant Loan Agreement

### Dear Applicant:

Most Federal Employee Education & Assistance Fund (FEEA) help is provided in the form of no-interest loans. Grants are made infrequently, and only in the most extreme circumstances. Loan repayments are deposited into the FEEA emergency assistance account and are used to help additional federal families.

FEEA receives no government funds. All FEEA programs are funded by employee contributions to FEEA during the Combined Federal Campaign. FEEA also receives funds from corporate sponsors, such as GEICO. GEICO is the sole corporate sponsor of the FEEA emergency assistance program this year.

Because funds are limited, assistance on any individual case is limited to \$1000.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

If I am granted a no-interest loan, I agree to repay in the amount as assigned by FEEA. I also agree that the allotment will not be changed or altered until the loan is paid in full. The amount repaid each pay period will be determined at the time the loan is authorized.

I further agree to complete and follow the proper procedures with a Direct Deposit sign up form. The instructions will be provided at the time the loan is approved.

Name:			
Address:			 · · · · · · · · · · · · · · · · · · ·
City, State, Zip:			 <del></del> -
Phone: (home): (	)		
(work): (	)		
Date:	Signature:	·	
	SSN:		 

THIS FORM MUST BE RETURNED WITH YOUR APPLICATION

to
FEEA
3333 S. WADSWORTH BLVD
SUITE 300
LAKEWOOD, CO 80227
1-800-323-4140